

**Medicaid Outpatient Drug Coverage
Excluded Drug Coverage Information By State
January 1, 2006**

WEST VIRGINIA

DESCRIPTION

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

MEDICAID ELIGIBILITY

This State provides coverage for the Categorically Needy and Medically Needy

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

None

Drugs when used to promote fertility

None

Drugs when used for cosmetic purposes or hair growth

None

Drugs when used for the symptomatic relief of cough and colds

Some

Guaifenesin syrup, guaifenesin/dextromethorphan syrup, antihistamine/decongestant combinations, nasal decongestants

Prescription vitamins and mineral products

Some

Prenatal vitamins for women through age 45, plain ferrous sulfate, gluconate and fumarate, calciferol drops, calcium carbonate, niacin

Nonprescription drugs (Over-the-Counter)

Some

Feminine products, topical products, allergy, asthma and sinus products, analgesics/antipyretics, Digestive products(non-H2 antagonists), antacids, topical antibacterial agents, topical anti-inflammatory agents, topical and vaginal antifungals, antihistamines, anti-parasitics

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases,sometimes used to relieve nervousness or restlessness during the daytime)

All

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

All

Smoking Cessation (except dual eligibles as Part D will cover)

All

STATE WEBSITE

http://www.wvdhhr.org/bms/smanuals/Common_Chapters/bms_manuals_Chapter_500_Parmacy.pdf